DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Use of Follicle Stimulating Hormone for Reduction of Spermatozoa Chromosomal Aberration in Males			
As the belo	w named inventor(s), I/we declare that:			
This declar	ation is directed to:			
	The attached application, or			
	Application No. PCT/EP2004/051593 , filed on JULY 23, 2004			
	as amended on(if applicable);			
I/we believe sought;	that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is			
	eviewed and understand the contents of the above-identified application, including the claims, as amended by any tapecifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FIII NAM	E OF INVENTOR(S)			
	e: VINCENZO DE LEO			
Signature:	1-20 //1/10			
Inventor two	o: ANTONIO LA MARCA			
Signature:	Man Q Cov? Citizen of: ITALY			
Inventor thr	ee:			
Signature:	Citizen of:			
Inventor for	ır			
	Citizen of:			
Addit	innal inventors or a legal representative are being named on			

Additional inventors or a legal representative are being named on additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (04-05)
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Application Number	10/565,763				
Filing Date	January 24, 2006				
First Named Inventor	Vincenzo De Leo				
Title	Use of Follicle Stimulating Hormone				
Art Unit					
Examiner Name					
Attorney Docket Number	SER-105				

I hereby revoke all previous powers of attorney g	iven in the ab	ove-ide	entified applica	ition.				
I hereby appoint:								
Practitioners associated with the Customer Number:	23557							
OR					•			
Practitioner(s) named below:								
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I am the:		Lindi						
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFI	2 2 71	•						
Statement under 37 CFR 3.73(b) is enclosed. (Form								
SIGNATURE	Applicant or As	signee	of Record		i i			
Signature MALM TO PLACO				Date	14/02/2006			
Name VINCENZO DE LEO			Т	elephone	1/ /			
Title and Company	<u> </u>							
NOTE: Signatures of all the inventors or assignees of record of the en signature is required, see below*.	tire interest or their	represent	ative(s) are required	. Submit mu	ultiple forms if more than one			
*Total of forms are submitted.								

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Application Number	10/565,763				
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First Named Inventor	Wincenzo De Leo				
Title	Use of Follicle Stimulating Hormone				
Art Unit					
Examiner Name					
Attorney Docket Number	SER-105				

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I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:	ĺ							
✓ Practitioners as	sociated with the Customer Number.	2355	57					
OR	Į.							
Practitioner(s) named below.								
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as my/our attornay(s) Tradomark Office con	or agent(s) to prosecute the application nected therewith.	identified above, and to tra	insact all business in the	United States Patent and				
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	le Mora Viano		Date	Feb. 15, 2006				
Name	VINCENDUETED ANTONIO	LA MARCA	Telephone					
Title and Company								
NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) ere required. Submit multiple forms if more than one signature is required, see below*.								
Total of 2 forms are submitted.								

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